OFFICE OF WOMEN'S AND CHILDREN'S HEALTH

Strategic Plan
Fiscal Year 2003-2007

Leadership for a Healthy Arizona

Arizona Department of Health Services

JANUARY 2003

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Letter from the Office Chief

The Office of Women's and Children's Health (OWCH) Strategic Plan is the culmination of almost two years of work. At the beginning of this process, the work before us seemed almost insurmountable, but thanks to the hard work and leadership of the OWCH Management team and an office brave enough to embrace change, we have made great strides towards becoming a model for women and children's health programs. We still have a long road ahead of us, but I think you will find in these pages a solid plan and commitment to the department's mission, "Setting the standard for personal and community health through direct care delivery, science, public policy and leadership".

A special thanks to:

- Charlene Franz and Linda Redman for helping us to see things from a different perspective
- Rose Conner, Nickie O'Keefe and Raul Munoz for giving us the support that allowed us to risk change
  Pat Adams, Sheila Sjolander, Toni Means and Debi Morlan for being a management team with a sense of humor
  The staff of OWCH for embracing change, even when it was difficult
- Our partners for sharing their wisdom.

Please remember, in order to be useful, this plan needs to be guided by solid principles, but flexible enough to be responsive to our changing environment. We don't expect significant changes to our mission, vision, values or goals, but our strategies and activities will change as need dictates. To keep you up to date on those changes, the plan will be published and updated on our web site.

Sincerely,

Jeanette Shea-Ramirez, M.S.W., A.C.S.W.
Chief

Vision Statement

Healthy Women...Healthy Children...Healthy Tomorrow

Mission Statement

To strengthen the family and the community by promoting and improving the health status of women and children

Values

Service
We serve people in an environment of respect and understanding. We succeed through mutual participation, communication and cooperation. Our service is timely, accurate and consistent.

Partnerships
We partner in an environment characterized by cooperation and shared knowledge.

Integrity
Our relationships are based on honesty, respect, and mutual benefits

Teamwork
Everyone works together to achieve goals that are guided by our vision

Quality
We continually assess the effectiveness and efficiency or our processes and programs Accurate documentation and measurement results in information that is factual, understandable, useful, and provides a basis for decision-making.

Accountability
We take ownership for our successes and our failures, realizing that by taking risks we are bound to fail at times, but it is only by taking risks that we make progress.

Flexibility
We anticipate change, adapt, and incorporate new experiences into our expanding base of skills and knowledge.

Community
We value healthy, safe communities, so we fund programs that work, in areas where they are needed, in amounts that make a difference.

Development of the Plan

After the completion of the five year needs assessment, Office of Women's and Children's Health (OWCH) reviewed its current methods for identifying and prioritizing the needs of women and children in Arizona. The conclusion of the OWCH management team was that it wanted to create a new process that was more participatory, more easily articulated, and more strategic in nature. The hope was to create a process that would result in funding decisions that had the best chance of making an impact on the health of the maternal and child health population. The team wanted the strategy to be clearly reflected in the budget. The services of a consulting firm with experience in this area were secured and the process was initiated. Three main goals were identified: 1) Develop a process for identifying the health needs of women and children, 2) Develop a process for allocating funding to address those needs and 3) Develop a way to evaluate the effectiveness of those efforts.

The first stage of the process was to gather information on current OWCH methods. Key documents were reviewed such as the Maternal and Child Health (MCH) Needs Assessment, position funding allocations and the organizational structure. Key stakeholders were interviewed about their perceptions of the existing process, their relationship with the Office of Women's and Children's Health and their priorities for the MCH Block Grant. A detailed financial analysis was completed tracing funding from allocation to services delivery.

During the second stage of the process, analysis of the findings was conducted. Some of the key points identified were: 1) There is a high ratio of support staff to program staff, both within block grant funded positions and throughout the office, 2) Key stakeholders reported that the current process was either unknown or considered arbitrary, 3) The flexibility of the grant is both a strength and a weakness. It allows responsiveness to issues, but funding is easily diverted since it is not specifically tied to a service, 4) The organization is too compartmentalized and organized around single programs, 5) It is important to have planning at the local level, although County Health Departments vary in their ability to plan and administer funding, 6) The relationship of stakeholders was positive overall, but there was a need to examine data collection requirements which seemed excessive and a need to provide more feedback on how the data is used.

Eight specific recommendations were made with regard to the needs assessment and allocation process for the MCH grant: 1) Look at current allocations and identify allocations that shouldn't change, allocations that can or OWCH wants to change, and all available carry-over monies, 2) For those allocations that are determined to be best unchanged, increase accountability and effectiveness and apply standard funding principles, 3) Create a funding pool consisting of carry over and allocations we can or want to change, 4) Appoint an Advisory Committee made up of both external and internal stakeholders to assist in determining priority areas, 5) Select a limited number (2-3) of priority areas for funding, 6) Examine data collection requirements which seemed excessive and provide more feedback on how the data is used.

Overall recommendations to improve efficiency and effectiveness included: Put a business system in place that will allow easy monthly tracking of the pass-through funds and the number of contracts with their related expenditures; initiate a process to examine what role OWCH should play in realizing the overall mission of Community and Family Health Services; consolidate and standardize contract and reporting for all OWCH contracts, examine and revise data collection to ensure that data collected minimizes redundancy, meets the requirements of funders, supports current priorities, and can be utilized to create summarized management reports to track accountability.

OWCH moved quickly through the initial recommendations having already implemented an interim system to improve accountability for MCH funded activities that requires identification of key performance and outcome measures supported by the activity and reporting on progress towards those measures. In addition, the management team with the help of the new Community and Family Health Services (CFHS) Bureau Chief, identified key strategic issues and priorities. The team reviewed programs currently funded and determined which should remain unchanged as well as which ones may be considered for the funding pool.

In early 2002 numerous other changes were implemented to better position OWCH to be successful in creating this new system. Critical achievements during this year were the design and implementation of a new OWCH organizational structure based upon functions rather than discreet programs, development of a strategic plan, development and implementation of an OWCH financial management plan, implementation of a block grant to communities to address child health issues, and development of the Partnership Initiative.

The new office organizational structure is comprised of four sections: Assessment and Evaluation, Community Services; Planning, Education and Partnerships, and Finance and Support Services. The implementation of this functions-based structure resulted in the elimination of many of the topic-specific or population-specific programs within OWCH. Examples of programs that were eliminated include: Child Health, Adolescent Health; Substance Abuse, and Social Work. The Assessment and Evaluation section is responsible for addressing internal and external customer requirements related to needs assessments, data collection and analysis, and preparation and distribution of reports on the health status of women and children. In addition, the section serves as the office lead in assessing and monitoring data related to the maternal and child population to identify ongoing and emerging health concerns. The expertise necessary to accomplish the defined responsibilities was defined. The staffing plan for the section consists of a research and statistical analyst, two epidemiologists, and a computer programmer. An epidemiologist and a computer programmer were hired during the year. The additional positions will be hired at a later date. Program analyses were initiated during this year to improve data completeness and accuracy by determining the data elements needed to evaluate program outcomes and meet statutory requirements. An analysis of the Health Start Program and the High Risk Perinatal Programs was completed. The analysis resulted in a reduction of the elements that need to be collected and modifications to the data systems have been initiated to reflect the revised data elements.

The Community Services Section is comprised of those programs that receive state line item funding and provide services to a client directly or through a contractor. The programs within this section are Newborn Screening, Health Start and the High Risk Perinatal Program.

The Planning, Education and Partnerships Section provides leadership for statewide priority setting, planning and policy development, and supports community efforts to assure the heath of women, children and their families. The staff works with a variety of public, private and non-profit community partners to identify health needs, implement systems of care, and develop public health policies. The section provides and supports educational activities that advance good health practices and outcomes, including promoting the use of "best practices", providing client and provider education, sponsoring public information campaigns, and developing and distributing education materials.

The Finance and Support Services Section coordinates all budget, fiscal and operational issues for the office. All support staff positions are housed within the section and function as a pool of resources for the entire office.

The OWCH strategic plan is contained in this document. Two priority areas are identified: 1) Reduce mortality and morbidity of the maternal and child population, and 2) Increase access to health care. Decreasing health disparities is seen as an overarching priority. The functions of the various office sections are specified within the plan. These priorities and related measures were chosen by a multi-step process: 1) Reviewing data to identify the most significant issues, 2) Excluding those issues already being addressed by another entity within the state, and 3) Determining those issues that most likely could improve with a targeted effort. The functions of the various office sections are specified within the plan. The plan is used to make funding decisions and to establish staff priorities.

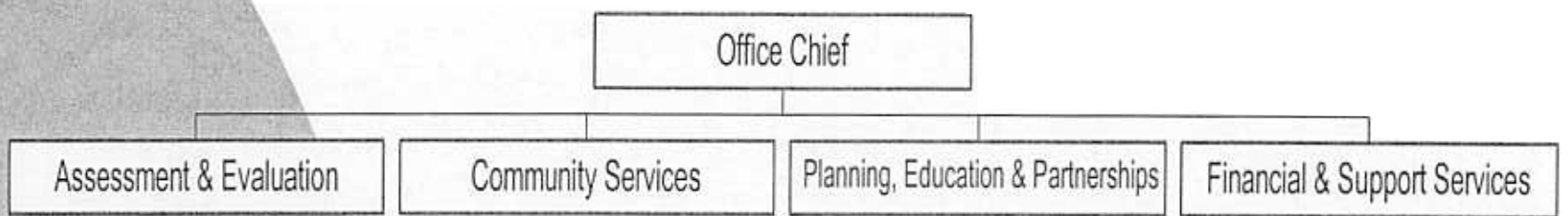
The OWCH Financial Management Plan was developed to accomplish the following: 1) Reduce the amount of carry over funds, 2) Provide closer management of Title V funds, 3) Reduce administrative costs, and 4) Streamline budget oversight by reducing the number of contracts and cost centers. During 2002 progress was made in each of the areas. A variety of policies and procedures were implemented to support the plan: 1) At the end of each funding year, any funds not expended will be transferred to a central cost center, which will be used to fund community based efforts, 2) Funded projects will be reevaluated in relationship to OWCH priorities and expenditures from the previous years, 3) OWCH funded projects will not be allowed to carry-over funds to the next contract year, 4) Each project awarded Title V funds will be required to develop a funding plan and an allocation plan that details how and when funds will be used. These plans are reviewed for alignment with Title V goals and serve to eliminate duplicate funding, 5) Administrative costs will be reduced by enhancing staff expertise to reduce the need for consultant services, leaving non-critical staff positions vacant, and identifying and eliminating duplicate funding (e.g. funding a computer programmer position as well as providing a percentage of funding for information technology

support), and 6) As more funding is awarded to community efforts rather than office-managed efforts, the number of Title V funded office personnel will be reduced.

Contracts to communities were awarded through a request for proposals process in 2002. One million dollars in carry-over funds were used to award contracts to 12 communities to address child health priorities. The request for proposals gave considerable latitude to local communities in developing strategies while requiring that they be research based. The Arizona Program Design and Evaluation Logic Model was included as a requirement in the request for proposals to ensure that efforts could be defined, tracked, evaluated and related to the identified issues. A Request for Proposals was released in late 2002 to award community grants for services addressing women health issues. At the time of this report, contracts had not been awarded. The plan for the future is to have one grant combining women's and children's health in 2004 and future years.

The Partnership Initiative was established to enhance the relationship of the OWCH with community partners to better address the needs of women and children. Community partners include a broad group of agencies and organizations (e.g. tribes, county health departments, community health centers, coalitions, etc) that address the same population as the OWCH. A systematic process was developed to ensure that partners have easy access to OWCH and the services it provides, provide input in establishing funding priorities, work together to plan services and have data on the health status of women and children to assist in program decision-making. An OWCH staff member is assigned to serve as the primary office contact or partner for each identified partner agency. This person is available to answer questions, provide information and technical assistance, serve on committees, and provide periodic updates on the health status of women and children. At least once a year, the OWCH partner will present an overview of current health status data and trends. The OWCH partner will share the OWCH identified priorities and solicit input from the partner organization regarding these priorities. A focus group or questionnaire will provide consistency in question and responses from partner agencies. This information will be used in establishing funding priorities. Prior to the completion of the 2003 Title V Block Grant submission, partnership meetings were held to share current data, identify emerging issues, and gather recommendations for planning purposes.

Functional Structure



- Needs assessment, data analysis, preparation and distribution of reports on health status
- Data collection and analysis for specific programs
- Assess and monitor maternal and child heath status

- State line-item funded
- Other State Funds
- Provide specific services directly or through a contractor
- Newborn Screening, Health Start, High Risk Perinatal

- Title V Funded
- Other State & Federal Funds
- Supports community efforts to assure the health of women, children and their families
- Identify health needs, improve systems of care and develop public health policies
- Educational activities that advance good health practices and outcomes including promoting the use of "best practices"

- Reduces carryover
- Closer management of funds
- Reduces duplication and administrative costs
- Streamlines budget oversight
- Establishes yearly funding plan
- Establishes guidelines for programs utilizing Title V funds
- Increases accountability

Assessment & Evaluation

- *The Assessment and Evaluation section is responsible for addressing internal and external customer requirements related to needs assessments, data analysis, preparation and distribution of reports on the health status indicators of women and children. In addition, we assess and monitor maternal and child health status to identify and address ongoing and emerging health problems.*

Data Unit

Epidemiology Unit

Community Services

- *Direct Services section are programs that receive state line item funding and provide services to a client directly or through a contractor.*

High Risk Perinatal Programs

Newborn Screening Program

Health Start Program

Planning, Education & Partnerships

- *The Planning, Education and Partnerships section provides leadership for statewide priority setting, planning, and policy development, and supports community efforts to issue the health of women, children and their families. We work with a variety of public, private and non-profit community partners to identify health needs, improve systems of care, and develop public health policies. We provide and support educational activities that advance good health practices and outcomes, including promoting the use of "best practices", providing client and provider education: sponsoring public information campaigns, and developing and distributing education materials.*

Sensory Program

Reproductive Health Project

Children's Information Center

Abstinence Education Program

Domestic Violence Program

County Prenatal Block Grant

Pregnancy, Breastfeeding, WIC Hotline

Community Partnership and Funding Initiative

Rape Prevention and Education Program

Financial & Support Services

- *The Finance and Support Services Section is responsible for the coordination of all general business and support services, quality assurance of fiscal and contractual processes and management of office operations.*

Financial Services

Support Services

Office Goals

Health Priority I:
Reduce mortality and morbidity among women and children.

> Five hundred and ninety-two infants died in Arizona in 1998. This represents a rate of 7.6 infants per 1,000 live births. African Americans and American Indians both exceeded statewide infant mortality rates with rates of 14.2 and 11.5 respectively.

Goal A: Reduce infant morality.

Outcome Measures:
- Post-neonatal (1 month – 1 year) mortality rate
- Infant mortality rates among Native American and African American children.

Assessment and Evaluation Strategies:
1. Conduct data analysis utilizing birth/death records and Periods of Risk.
2. Identify and standardize data sources and methodologies (internal and external).
3. Identify disparities in post neonatal mortality.
4. Analyze related indicators for mortality & morbidity.
   a. Polio and Measles Rate
   b. GE/ARI Rates
   c. Injury Rate
   d. Poison Rate
   e. High Risk Infants
   f. SIDS Rate
5. Convene a workgroup to focus on data issues related to infant mortality among the Native American population.

Community Service Strategies:
1. Provide safety net services.
   a. Health Start
   b. Community Nursing
   c. Newborn Screening
   d. Developmental Clinics
   e. Medical Transportation
   f. NICP Hospital
2. Integrate standardized anticipatory guidance related to first year risks into Office of Women's and Children's Health programs.
3. Work with the Arizona Perinatal Trust and the perinatal system to guide direction of High Risk Perinatal Program.
   a. Strengthen follow up services to high-risk infants.

Planning, Education and Partnership Strategies:
1. Convene stakeholder group to develop a statewide plan to address neonatal mortality. The plan will include strategies to address health disparities.
   a. Work with others to consolidate efforts.
2. Spearhead efforts to expand interagency/organization data sharing.
3. Facilitate community program development.
   a. Fund community efforts to build capacity around the areas of best practices and planning.

4. Educate providers and stakeholders on mortality risk in first year (specify disparities in populations).
   a. Disseminate educational materials addressing first year risk.
5. Identify and promote standardized anticipatory guidance for infants on immunizations, community services, injury control and other related first year risks (consider use of the Kare Book as the document of choice).

Goal B: Reduce sickness and disability among children ages 0 through 5.

Outcome Measures:

- Rate of immunizations among 2 years olds.
- Percent of newborns with at least one screening for each of PKU, hypothyroidism, galactosemia, hemoglobinopathies.
- Percent of children through age two who have completed immunizations for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, Hepatitis B.
- Child abuse hospitalizations per 100,000 children under age 6.
- Percent of newborns who have been screened for hearing impairment before hospital discharge.

Assessment and Evaluation Strategies:

1. Conduct data analysis using data sources as identified in the Maternal and Child Health Block Grant application.
2. Identify disparities.
3. Collect programmatic reports of plans and accomplishments addressing the measures.
4. Issue data report and fact sheets.

Community Service Strategies:

1. Assess the immunization status of all Health Start and High Risk Perinatal Program children to determine status, educate parents and refer to appropriate resource for missed immunizations.
2. Work with delivering hospitals on the development of a consistent protocol for conducting follow up of infants with abnormal hearing screening tests.
3. Collaborate with our partners on determining the necessity of seeking a mandate for hearing screening.
4. The Newborn Screening Program will contact hospitals to identify infants who were born at the facility but were not screened prior to discharge and provide follow-up to these infants and their families.

Planning, Education and Partnership Strategies:

1. Enhance partnerships within the early childhood community throughout Arizona.
2. Collaborate with stakeholders in the development of strategies to better integrate early childhood services.
3. Support local community efforts to address health disparities among young children.

Newborn Screening for PKU, hypothyroidism and galactosemia is one of the major public health success stories with a significant social and cost benefit. Preventable mental retardation, growth stunting and other illnesses are diverted through early diagnosis and treatment of those with a confirmed diagnosis. In 2001, 97.6 of all newborns were screened for 7 conditions.

Nationally, there have been substantial and significant increases in the incidence of child abuse and neglect since 1986. Nine child abuse deaths were documented in Arizona in 2001. Eleven Arizona children died of child abuse in 2000. In 2000, the rate of hospitalizations for 100,000 children was 7.5.

The number of newborns screened for hearing impairment before hospital discharge has increased from 10% in 1995 to 93.3% in 2001. By 2002, all Arizona birthing hospitals had implemented newborn hearing screening programs.

Goal C: Increase healthy behaviors in women of childbearing age.

The 2001 Arizona Women's Health Survey (AWHS) results suggest that women of all age groups tend to be overweight, with African-American women more likely to demonstrate weight in the very unhealthy category. This factor may be related to reports by women that the majority does not consume the recommended amounts of daily fruits and vegetables (17.7%, AWHS, 2001) and that the majority of Arizona women do not regularly take part in vigorous physical activity (AWHS, 2001). Arizona ranked among the worst in the nation (48th) according to the National Women's Law Center (2000) in terms of those with no leisure-time physical activity.

Outcome Measures:

- Percentage of women who currently smoke.
- Proportion of women who are at healthy weight.
- Proportion of women who engage regularly, preferably daily, in moderate or vigorous physical activity.
- Proportion of women who engage in no physical activity.
- Percentage of women who consume at least 5 fruits and vegetables a day.
- Percentage of women who report experiencing "a lot" of stress.

Assessment and Evaluation Strategies:

1. Conduct Women's Health Needs Assessment.
2. Establish a clearinghouse for Women's Health data and plan for disseminating the information.
3. Analyze current status of women's health in Arizona and issue report.

Planning, Education and Partnership Strategies:

1. Provide leadership by supporting and partnering with other stakeholders and participating in the Governor's Commission on the Health Status of Women and families.
2. Fund community program development that will positively impact women's health outcomes.
3. Participate with other stakeholders to develop statewide plan to improve women's health based on results of survey and other data sources.
4. Research "best practice" policy approaches related to Women's Health and specific to health disparities.
5. Issue and promote use of Women's Health Resource Directory.
6. Promote health activities among staff of OWCH.

Goal D: Prevent deaths and injuries to children caused by motor vehicle crashes.

In 1998 there were 305 deaths among children aged 1 through14, representing a rate of 31.0 deaths per 100,000 children, which is higher than the national mortality rate. Among this age group unintentional injuries accounted for 41.0 percent of deaths (51.2 percent of that number were related to motor vehicles).

Outcome Measures:

- Rate of deaths to children caused by motor vehicle crashes.

Assessment and Evaluation Strategies:

1. Conduct data analysis using Hospital Discharge Database.

Planning, Education and Partnership Strategies:

1. Conduct policy research on proven strategies at state and local level.
2. Prepare and issue reports on policy analysis.
3. Facilitate community program development by funding efforts using identified proven strategies in communities with greatest need.

4. Provide leadership by partnering with other stakeholders and participating in statewide planning.
5. Incorporate health promotion efforts in direct service programs by providing training/information in specific subject areas (e.g. home safety, product safety, etc.).
6. Disseminate health education materials/information regarding car safety.

Goal E: Increase healthy sexual choices among teenagers.

In 2001, 37 Arizona teens a day become pregnant.

Arizona ranks 4th highest in the nation for births among 15 through 17 year olds.

Outcome Measures:

- Birth rate for teenagers aged 15 through 17 years.

Assessment and Evaluation Strategies:

1. Evaluate effectiveness of teen pregnancy prevention programs.

Planning, Education and Partnership Strategies:

1. Facilitate community program development through funding of community projects.
2. Ensure providers have information on best practice.
3. To fund abstinence only and abstinence base programs as funds allows.

Goal F: Reduce injuries to teens.

Injury is the leading cause of death among children one year of age and older, both nationwide and in Arizona. Many serious injuries do not result in death. Between 1989 and 1992, national data show that for every one child or youth who died from an injury, more than 11 were admitted to a hospital. While there were 230 injury-related deaths among children 15 through 19 in Arizona in 2000, there were 2,612 injury-related hospitalizations during the same period.

Outcome Measure:

- Rate of hospitalizations for nonfatal injuries and poisonings per 100,000 adolescents age 15 through 19.

Assessment and Evaluation Strategies:

1. Conduct data analysis using Hospital Discharge Database (include community data/geomapping).
2. Identify disparities.
3. Issue data report.

Planning, Education and Partnership Strategies:

1. Conduct policy research on proven intervention strategies at state and local level.
2. Prepare and issue reports on policy analysis.
3. Facilitate community program development by funding efforts using identified proven strategies in communities with greatest need.
4. Provide leadership by partnering with other stakeholders and participating in statewide planning.
5. Disseminate educational materials about proven methods of reducing injuries and poisonings.

Goal G: Prevent violence against women.

In 2000, 404.0 women age 18 and over were hospitalized due to domestic violence resulting in a rate of 21.2 per 100,000.

In 2001, every 34 minutes in Arizona, police wrote a report on domestic violence involving a scene where children were present.

There were over 27,000 arrests made for domestic violence crimes throughout Arizona in 2001, and over 115,000 calls for service on domestic violence.

Sexual assault affects 1 in 5 women in their lifetime, the majority of whom are under the age of 18. Every 6 minutes, a rape or sexual assault is committed in the U.S.

Outcome Measure:

- Rate of hospitalizations due to violence against women per 100,000 women ages 18 and older.

Assessment and Evaluation Strategies:

1. Develop an evaluation plan for the Rape Prevention and Education Program.
2. Determine data needs and availability of data on domestic violence.
3. Collect and analyze hospital discharge data (include county and community level).

Planning, Education and Partnership Strategies:

1. Strengthen partnerships with Governor's Commission on Prevention of Family Violence, State Agencies Coordination Team and current contractors.
2. Fund prevention, education and intervention activities at community level.
   a. Expand number of rural safe homes.
   b. Enhance services to children in families impacted by domestic violence.
3. Work with partners to develop statewide strategies for domestic violence and sexual assault.
4. Provide education/information regarding domestic violence and sexual assault to contractors and other appropriate parties.
5. Participate in media campaign conducted by Attorney General's Office.

Health Priority II:
Increase access to health care.

Goal A: Improve children's access to oral health services.

Nationally, tooth decay remains the most common chronic disease among children: five times more common than asthma and seven times more common than hay fever. Estimates indicate that more Arizona children suffer from tooth decay than the national averages. In Arizona, 5% of children ages 6 months through 2 years have had tooth decay. By the time children reach 11 to 13 years, over 65% have experienced tooth decay.

Outcome Measure:

- Percent of third grade children who have received protective sealants on at least one permanent molar tooth.
- Percent of children age 3 through 20 who had their teeth cleaned by a dentist or dental hygienist within the last year.

Assessment and Evaluation Strategies:

1. Conduct statewide needs assessment on an on-going basis.
2. Prepare and issue reports on oral health status of children using findings from needs assessment.

Planning, Education and Partnership Strategies:

1. Facilitate community program development by funding efforts to provide dental sealants, water fluoridations, dental exams and fluoride mouth rinse.

2. Mobilize local communities to support policy that improves oral health (e.g. water fluoridation, etc.).
3. Expand the network of dentists available through the Arizona Chapter of Americans Academy of Pediatric Medical Home Project so that school nurses can link eligible children with a dental provider.
4. Assure competency of public health work force by expanding early childhood caries training program.
5. Incorporate promotion of good oral health in all direct service programs through distribution of educational materials and training opportunities.

Goal B: Improve access to reproductive health/family planning services.

In a state with one of the highest teen birth rates in the country, and in a state where about 40% of births are paid for by Arizona Health Care Cost Containment Systems, Arizona has a great need for family planning services.

61% pregnancies among poor women are unintended.

Women who can plan and space their pregnancies are likely to have healthier babies.

Outcome Measure:

- Proportion of low-income women who receive reproductive health/family planning services.

Assessment and Evaluation Strategies:

1. Determine data needs for family planning services (consider what is needed to help identify disparities).
2. Collaborate with the Arizona Family Planning Council to collect and report necessary statewide data.

Community Service Strategies:

1. Through Office of Women's and Children's Health programs, link women to family planning services and other community resources (Hotline Health Start, Community Health Nursing, Prop 204 Teen Pregnancy Prevention, etc.).
   a. Identify strategies to increase outreach for family planning services current Office of Women's and Children's Health programs.

Planning, Education and Partnership Strategies:

1. Provide Title V funding for family planning services.
   a. Consider health disparities when providing funding to communities.
2. Collaborate with the Arizona Family Planning Council to ensure that Title V and Title X funds are maximized to efficiently serve the greatest number of low-income women.
3. Collaborate with the Focus on Family Planning Coalition to move forward its recommendations to increase access to family planning services in Arizona.
   a. Ensure that issues of health disparities are addressed in the Coalition's efforts.
4. Educate providers about available family planning services, health disparities related to family planning, and efforts to increase access to services.
   a. Work with health plans to target outreach to women who may be eligible for Sixth Omnibus Budget Reconciliation Act and Family Planning Services Extension.

Goal C: Improve access to primary health care services for children.

Ambulatory care sensitive conditions (e.g. severe ear, nose and throat conditions, asthma, diabetes, etc.) are those conditions, which would not have required hospitalization if adequate primary care services had been provided. The issue has both medical and financial consequences as children become sicker than necessary before they get treatment and the cost of treatment in an inpatient hospital setting is far higher than treatment in a physician's office. In 2000, there were 5,670.0 children ages 1 through 14 hospitalized for ambulatory care sensitive conditions, resulting in a hospitalization rate of 528.4 per 100,000.

Outcome Measures:

- Rate of children 1 through 14 hospitalized for ambulatory care services sensitive conditions per 100,000.
- Percent of children who have health care insurance/coverage.

Assessment and Evaluation Strategies:

1. Conduct data analysis (e.g. statewide, county and geocoding, etc.) and issue reports.
2. Collect performance measure data for MCH Block Grant.

Community Service Strategies:

1. Link children to health and other community services through all direct service programs.
2. Link children to health services/insurance through Office of Women's and Children's Health programs: Medical Home Project, Health Start, Community Health Nursing and School Based Health Clinics.
   a. Identify strategies to enhance outreach activities to Office of Women's and Children's Health programs.
   b. Consider health disparities when identifying strategies.
   c. Ensure that Office of Women's and Children's Health staff is up to date on various health services, and insurance coverage available for children.

There is a well-documented association between insurance status and utilization of health care services among adults. Less is known about the utilization of services for children. A 1996 study by the Harvard School of Public Health, The Henry J. Kaiser Foundation and the National Opinion Research Center found the uninsured are four times more likely to have an episode of needing and not getting medical care. In Arizona for the year 2000, 12.8 percent of children under the age of 18 did not have health care coverage.

Planning, Education and Partnership Strategies:

1. Participate with stakeholder groups to improve access to primary care services.
2. Fund community program development to reduce Emergency Room visits and hospitalizations.
3. Work with the Medical Home Project to increase the number of physicians who will agree to provide a true medical home.
4. Educate Office of Women's and Children's Health community providers about services/coverage available, including disparities that may be occurring.
5. Assist eligible children and their families to apply for Arizona Health Care Cost Containment System (AHCCCS).
6. Provide information to the public on AHCCCS and Baby Arizona through the Hotline.

Health Priority III:
Eliminate health disparities in health outcomes and access to services.

Elimination of health disparities should be addressed among all goals and strategies and all OWCH programs.

Nationally, the disparity (ratio) for black infant mortality is over twice the white rate. Black women are twice as likely as white women to experience prematurity, low birth weight, and fetal death. In 2000, the Arizona Black infant mortality decreased to 12.5 per 1,000 live births from 13.8 in 1999. The white infant mortality in 2000 was 6.9 per 1,000 live births, resulting in a black to white infant mortality disparity ratio of 1.8 for 2000.

Systems Priority I:
Strive for excellence in our office management and operations.

Goal A: Improve communication within the office and with the public.

Office-wide Strategies:

1. Develop and maintain office policies and procedures describing business operations.
2. Continually develop and utilize the Office website to communicate to the public.
3. Institutionalize standards of behavior, like respect, to improve interpersonal communications.
4. Develop clear written information for the public about our programs.
5. Enhance our ability to communicate program policy to legislators and other policy makers.

The Office Resource Policy and Procedure Manual was updated and distributed to all staff. The manual addresses topics such as budget and contract management, personnel, purchasing, reporting, and travel.

The web site for the Office of Women's and Children's Health is www.hs.state.az.us/phs/owch.

Continual assessment of the effectiveness and efficiency of our processes and programs supports our commitment to quality public health services. Collaboration with partners who share our goals, both in the department and at the national, state and local levels of government allow us to learn and build on each other's success.

Goal B: Enhance quality assurance processes for our business operations and our programs.

Office-wide Strategies:

1. Standardize the contract monitoring process among all programs.
2. Develop and implement evaluation methodologies for each program.
3. Implement and utilize customer service satisfaction surveys of our contractors.
4. Implement enhancements to the structure and quality of administrative and clerical support as needed.
5. Continue to conduct the High Risk Perinatal Program's quality assurance workgroup.

The office is piloting the use of the Arizona Logic Model as the evaluation tool for community contracts.

The Quality Assurance Committee for the High Risk Perinatal Programs won the Team of the Quarter Award in 2002 for the Division of Public Health Services.

Goal C: Improve the usefulness of program databases and data collection.

Office-wide Strategies:

1. Identify essential data needs for each program and adjust data collection processes to meet those needs.
2. Prepare all programs and office procedures to be compliant with HIPAA regulations.
3. Ensure appropriate applications and software is being used with each program.

A review of data element for the Health Start Program and the High Risk Perinatal Programs was completed. The effort resulted in a reduction of the number of data elements collected. The elements that were retained are those: used for program performance measurement; needed to ensure legislative compliance; needed for program management purposes.

Goal D: Secure Title V and other funds, as needed to support achievement of strategic plan.

Approval of the Title V 2003 Block Grant was received with no required responses. The report was complimentary and marks the first time that the Maternal and Child Health Bureau did not request a response to any issue

Office-wide Strategies:

1. Collect and update data in February/March.
2. Title V funded programs submit accomplishments and propose plans for next year.
3. Conduct grant-planning session with office staff to update priorities and review progress.
4. Solicit partner input on needs, priorities, and strategies in May.
5. Finalize block grant application in June.
6. Review and approve plans for Title V funds.

Partnership Initiative

Overview

The Office of Women's and Children's Health (OWCH) has worked closely with its partners in the community to address the health needs of women and children in Arizona. These partnerships are of great value in addressing the public health needs of women and children for a variety of reasons. Our ability to partner allows us to increase our impact on critical problems, reduce duplication, and integrate our efforts with others who share our goals. In addition, our relationship with community partners gives us the opportunity to solicit feedback on funding priorities, new initiatives and plans. A systematic process has been developed to ensure that our partners have

- easy access to our office and the services it provides,
- input in establishing funding priorities
- cooperative service planning
- data on the health status of women and children to assist in program decision-making.

What does it mean to be a partner?

While providing funding for numerous local programs is a significant role of the Office of Women's and Children's Health, there are many other ways in which we partner. Being a partner can include:

Identifying ways in which services could be better coordinated with other agencies in the state
Facilitating discussions to improve coordination of services
Providing technical assistance on maternal and child health
Providing information on most recent research/knowledge in the field
Providing data on health status of women and children
Participating in partner organization's committees or planning processes
Facilitating planning processes targeting priority issues
Passing on information to partners regarding funding opportunities and federal initiatives, which may be of interest.

While we can do much to try to improve partnerships, being a partner is a "two-way street." The partner agency should be willing to look for and identify opportunities to pool resources, enhance coordination, avoid duplication, and seek the most efficient use of resources for both agencies. A partnership requires willingness on both sides to work together for the betterment of the people we serve.

How will the partnership work?

An OWCH staff member will be assigned to serve as the primary office contact or partner for each of the identified partner agencies. This staff person will be available to answer questions, provide information and technical assistance, serve on committees, and provide periodic updates on the health status of women and children.

How can I voice my opinion regarding funding priorities?
The OWCH Partner assigned to your committee will provide you with an update at least once a year that gives an overview of health status and trends. They will share priorities that have been identified based on the data and solicit your input regarding these priorities. A focus group or questionnaire will provide consistency in question and responses from partner agencies. This data will be reviewed and considered in reporting state health needs and in establishing funding priorities.

How will information about my agency be used in service planning?
Your OWCH partner is both a source of information regarding other health initiatives in the state, as well as the designated person assigned to coordinate OWCH efforts with those of your agency. Whenever possible, the Partner is responsible to look for and identify opportunities to pool resources, avoid duplication and seek the most efficient use of resources for both agencies.

Parameters For Responding To Partner Requests For OWCH Funding/Resources
Section managers and Office Chief can respond to funding/staff resource requests *without review by core group* if the following applies:

- The proposed project is clearly linked to the OWCH Strategic Plan;
- The project does not duplicate any current activities:
- The project will either have a broad impact (affect a large population) or will address a health disparity;
- The section manager/Office Chief has funding/staff resources available within their own section; and
  The project does not actively involve more than one section of the office.

If one or more of the above does not apply and the section manager/Office Chief would like to grant the request, the manager must bring it to core group or management team for discussion and approval.

Title V Community Grants

Overview: Over the next two years, Title V Maternal and Child Health Block Grant funds will shift towards funding more efforts at the community level. This initiative was developed in response to several issues identified during a 2001 comprehensive internal review of the Office of Women's and Children's Health's business practices. Management of Title V funds was a major focus of the review. One of the issues identified during this process was the methodology for allocating funding. Former practices were identified as vague and not easily understood. In addition, the effectiveness of funding a wide variety of health issues was raised. This method of dispersing funds carried significant administrative costs at the state level without demonstrating a positive impact on identified performance measures. To address this finding, the office developed the concept of community-based grants.

Another step in this process was to identify the health status indicators that were most critical for the maternal and child health population in the state. These decisions were based on the MCH Needs Assessment as well as a careful examination of which indicators were most appropriate for the Office of Women's and Children's Health to address. Two health priorities were identified with specific outcomes for each of the issues. These priorities are: 1) Access to care and 2) Reduce mortality and morbidity among women and children.

The next step was to identify programs within the office that could be transitioned to funding at the local level. These funding sources were combined with carry-over funds to establish a funding pool for community grants. For the first or pilot year, we limited the scope to child health objectives listed in our plan.

An RFP was developed to put this money into communities to address our two identified health priorities. This RFP gives considerable latitude to local communities in developing strategies, but does require that strategies be research based. The Arizona Program Design and Evaluation Logic Model was included as a requirement in the RFP to ensure that efforts could be defined, tracked, evaluated and related to the identified issues.

The long-term plan is to establish a community grant in 2003 for services addressing women's health issues, and have one grant combining women's and children's health in 2004 and future years.

What are the advantages to community based contracting?

Establishes a System for Data-Driven Funding Priorities: The system developed to identify the most critical health issues for the maternal and child health population is based on an extensive statewide needs assessment, review of resources, and input from professionals and consumers. Communities are encouraged to develop plans to address these issues at the local level. An established system for making data based funding decisions allows everyone to have an equal chance to compete for funding. When the decision making process is public and easily understood, it increases the credibility of the agency. When a system is in place, it streamlines the evaluation and funding process.

Reduces the number of contracts: At the state level, there will be one contract to manage for each community instead of multiple contracts for different issues.

Encourages collaboration at the local level: Instead of different agencies competing for individual projects, the community can develop a

single needs assessment and plan to address the most critical health issues for women and children in their communities. Communities who develop plans that emphasize collaboration and pooling resources will have a better chance to receive funding.

Allows us to address health issues at the most appropriate level: Some issues are better addressed at the community level. Local communities are the best judges of the type of interventions that will work in their community. Interventions that build on the strengths of a community are more likely to be successful.

How will these changes affect programs currently funded by the Title V MCH Block Grant?

Most currently funded programs will remain the same over the next year. If the pilot proves to be successful, communities currently receiving program funds by the MCH Block Grant will have the opportunity to explore collaborative opportunities in their communities. During the course of this pilot effort, there will be opportunities to provide feedback on the effectiveness of the process.

EXHIBIT 1

Arizona Department of Health Services

Office of Women's & Children's Health

Announcing.....
Funding to address child health at the community level

Overview: For many years, the Office of Women's and Children's Health has supported statewide programs through Title V funding to improve the health of women and children. Often this funding was tied to very specific issues, and methodologies. Many of these programs will be transitioned to a block grant to communities to address the most critical health needs facing children.

Why fund community based efforts?

Some issues are better addressed at the community level. Local communities are the best judge of the type of interventions that will work in their community. Interventions that build on the strengths of a community are more likely to be successful.

- Community health block grants reduce administrative costs at the state and local level. Less administrative costs result in more funding for actual services. Local communities are encouraged to submit one proposal for child health activities in their community. Rather than fund many different efforts, an agency can complete one needs assessment, establish one contract and prepare for one contract review per year rather than the multiple efforts required by "silo funding".
- Communities can prioritize efforts according to the needs within their communities. Although statewide needs have been identified based on data and a comprehensive needs assessment, communities can prioritize their efforts based on the severity of these issues within their community. By zeroing in on the most critical issues impacting child health in the state, we have the best chance of making an impact. These issues are:

The reduction of child death, disease and injury.
And
Increasing access to health care for children.

How will we know if these efforts are making a difference?

- Proposals must address specific outcomes related to these issues. The specific outcomes that must be addressed are:

  - **Reduce the rate of deaths to children caused by motor vehicle crashes**

  - **Reduce hospitalizations for non-fatal injuries and poisonings**

  - **Reduce the rate of children hospitalized for ambulatory care sensitive conditions**

  - **Increase the proportion of children who receive dental care each year.**

Applicants will be required to specifically address health disparities related to these outcomes.

- Proposals must utilize the logic model, which includes 5 components: Needs Assessment, Goals and Objectives, Strategies and Approaches, Implementation Plan and Evaluation Plan. Proposals will be evaluated based on a variety of factors including the extent to which proposed strategies are research based and include an evaluation component that can measure progress towards stated outcome objectives.

How much money will be available?

- Approximately $800,000 will be available statewide. The amount of individual community grants will vary.

How will the needs of women and infants be addressed?

- Women and infant health issues will be addressed in a Request for Proposals that will be issued near the end of 2002.

Process for Changing OWCH Strategic Plan And Section Operational Plans

OWCH Strategic Plan

The OWCH Strategic Plan is intended to be a living document that can and should be changed as our priorities and the environment in which we functions changes. Section Managers should bring any recommended edits, additions, or deletions to be reviewed and approved at a core group meeting. Approved changes will be made to the document by the Office Chief's administrative assistant. The Strategic Plan will be put on the OWCH web site so a current version is always available to the public. Staff may also access the Strategic Plan through the N Group/OWCH/Core file. The date the document was last revised shall be clearly identified on the Strategic Plan.

Operational Plans

Sections' operational plans are also intended to be a living document and should provide guidance on work projects and daily activities. The initial operational plans should be reviewed and approved by core group to ensure coordination of activities among the sections. Once approved, these plans can also be updated continuously with changes being approved by the Section Manager. Operational plans should be reviewed at least quarterly by the Section Manager to review progress made and to identify necessary changes.

Title V Financial Management Plan

A review of financial management in the Office of Women's and Children's Health (OWCH) identified several long-term problems. Each year, a substantial amount of federal Maternal and Child Health Block Grant (MCHBG) funding was not used. This money would then be "carried over" for use in the next year. The Title V grant funded many Maternal and Child Health (MCH) issues, but there was no centralized management of the MCH portions of the grant to ensure that funds were allocated and spent in keeping with grant guidelines and that activities supported priorities identified in the block grant. By portioning out the grant to different offices without central review and management, there was a great deal of duplication of effort. Budget oversight was complicated by the fact that there were 30+ Program Code Accounts (PCA), and Title V funding often supported different contracts within a single agency.

Four major strategies have been developed to address these problems.

Reduction of carry over funds: At the end of the funding year, any funds not expended will be transferred to a central PCA, which will be used to fund community-based efforts. Each year, funded projects will be re-evaluated in relationship to MCH priorities and expenditures from the previous years. No MCH funded projects may carry-over funds to the next contract year.

Closer Management of Title V funds: Each Arizona Department of Health Service (ADHS) project that is funded must complete the Title V Maternal and Child Health Block Grant Plan (EXHIBIT 1) and an allocation plan (EXHIBIT 2) that details how and when the funding will be used. These plans will be reviewed for alignment with Title V goals and to eliminate duplicate funding.

- **Reduction of Administrative Costs:** Several methods have been proposed including a request to eliminate duplicate funding such as personnel costs for ITS. We currently support an ITS position in addition to paying ITS charges.

  Streamlining Budget Oversight: As we move towards consolidated community grants, the number of contracts and PCAs will be reduced. Over the long term, this should reduce the number of positions needed. In addition to lowering administrative costs, this will simplify budget oversight.

  - Reduce current 30+PCAs to under 10
  - Reduce the number of contracts by consolidating funding to communities under one contract or IGA
  - Eventual reduction of positions through attrition and declining need.

Guidelines for ADHS Programs Receiving Title V Maternal and Child Health Block Grant (MCHBG) Funding

These guidelines for the use of Title V funding provide a framework to ensure that Title V funding is allocated, monitored and accounted for in a way that ensures consistency with the state's goals for women's and children's health, compliance with Federal requirements, and efficient business practices.

Programs receiving Title V funding must:

- Comply with Office of Women's and Children's Health (OWCH) procedures and timeframes for requesting and reporting funds including review of detailed budget to coordinate funding with other Title V funded projects
- Spend funding for goods or services received during the calendar year in which the funds are allocated
- Adhere to all federal and Title V grant restrictions and include these restrictions in work statements for any contracted services (EXHIBIT 3)
- Assume responsibility for monitoring compliance with these restrictions for any subrecipients
- Not move funds from their designated PCA
- Gain ***written*** approval from OWCH for any changes to the allocation plan ***including any personnel actions that would alter the Title V contribution to salary, ere, and administration***
- Monitor expenditures and provide updates as requested

DELIVERABLES:

By April 1st – Prepare and submit to preliminary Title V Maternal and Child Health Block Grant Plan and proposed budget allocation plan for inclusion in MCHBG application for the coming fiscal year (EXHIBIT 1 & EXHIBIT 2).

By July 15th – Submit revised Title V Maternal and Child Health Block Grant Plan and budget allocation plan (EXHIBIT 1 & EXHIBIT 2).

By August 1st – Request for Proposal (RFP)/Solicitations: Program prepares purchase request for bid's and RFP (EXHIBIT 4 - Specification of Scope of Work form) and submits them to Business Office.

By November 1st – Amendments, IGA's & ISA's: Program prepares purchase request and attaches all related documents and submits to Business Office.

By January 31st – Prepare and submit Title V Maternal and Child Block Grant Report of previous year accomplishments (EXHIBIT 5) to OWCH.

OWCH TIMELINES:

April 1st – Review of program USAS screens by OWCH to identify and raise budget concerns for current year.

By April 30th – OWCH Retreat to establish priorities for coming year.

By May 8th – Review proposals to ensure that they support the selected priorities and identify opportunities between programs for collaboration and coordination.

By June 30th – OWCH to approve or deny proposed plans for funding and notify programs of funding decisions.

By July 1st – Review of program USAS screens by OWCH to identify and raise budget concerns for current year.

By October 1st – Review of program USAS screens by OWCH to identify and raise budget concerns for current year.

EXPENDITURE OF FUNDS:

All Maternal and Child Health Block Grant (MCHBG) funded programs/projects are now on a calendar fiscal year January 1st – December 31st (Exhibit 6).

Budgets awarded are for a twelve-month period. Goods and services must be received in the year for which the funds are designated. Any unencumbered funds will be removed from program budgets following the end of the year. All purchase requests must be closed by February 28 of the year following the year in which funds were designated. Funds not expended will be removed from program budgets and those budgets will be closed out. Exceptions must be pre-approved in writing by the OWCH Office Chief. The OWCH Office Chief will discuss issues with the Community and Family Health Services Bureau Chief and Assistant Director of Public Health Services to determine approval or denial.

MCHBG funds must be used only for the direct support of approved program activities as delineated in a program plan approved by the OWCH Office Chief. Exceptions must be pre-approved in writing by the OWCH Office Chief (the OWCH Office Chief will discuss issues with the Community and Family Health Services Bureau Chief and the Assistant Director of Public Health Services to determine approval or denial.)

Computers, software, furnishings, and other equipment not used in direct support of MCHBG program activities and delineated in the program plan approved by the OWCH Office Chief may not be acquired with MCHBG funds. Exceptions must be pre-approved in writing by the OWCH Office Chief (the OWCH Office Chief will discuss issues with the Community and Family Health Services Bureau Chief and the Assistant Director of Public Health Services to determine approval or denial.)

No computers, software furnishings, and other equipment may be acquired in the fourth quarter of the budget year (October – December.) Exceptions must be pre-approved in writing by the OWCH Office Chief (the OWCH Office Chief will discuss issues with the Community and Family Health Services Bureau Chief and the Assistant Director of Public Health Services to determine approval or denial.)

Only positions delineated in the program plan may be created or filled using MCHBG funds. Any change in an approval position including, but not limited to, reclassification, increased salary, or material change in duties must be pre-approved in writing by the OWCH Office Chief (the OWCH Office Chief will discuss issues with the Community and Family Health Services Bureau Chief and the Assistant Director of Public Health Services to determine approval or denial.)

Funds allocated for the acquisition of professional and outside services and assistance to others, must be employed as delineated in the program plan and budget allocation plan approved by the OWCH Office Chief (the OWCH Office Chief will discuss issues with the Community and Family Health Services Bureau Chief and the Assistant Director of Public Health Services to determine approval or denial.)

The Arizona Department of Health Services Business and Support Services operations shall refer any transaction not in compliance with the foregoing to the OWCH Office Chief for approval prior to processing.

EXHIBIT 2

Title V Maternal and Child Health Block Grant
FY__ Plan

Program:	PCA:	Allocation:	Contact:

Title V Measure:

Objectives:

Activities:

Service Type:	☐ Direct Health Care Services	☐ Enabling Services	☐ Population-Based Services	☐ Infrastructure Building Services

Title V Measure:

Objectives:

Activities:

Service Type:	☐ Direct Health Care Services	☐ Enabling Services	☐ Population-Based Services	☐ Infrastructure Building Services

Title V Measure:

Objectives:

Activities:

Service Type:	☐ Direct Health Care Services	☐ Enabling Services	☐ Population-Based Services	☐ Infrastructure Building Services

Please attach copies of the Budget Allocation Sheet and Contract Log

EXHIBIT 3

OFFICE OF WOMEN'S AND CHILDREN'S HEALTH
BUDGET REQUEST AND ALLOCATION PLAN

PROGRAM: **DATE:**

INDEX: **PCA:**

LINE	ALLOCATION	PLAN DESCRIPTION
6000 *Salary*		
SUBTOTAL:	**$0.00**	
6100 *ERE*		
SUBTOTAL:	**$0.00**	
6200 *Professional and Outside Service* Payments to individuals who are not state employees and/or organizations for providing services directly to the Department.		
SUBTOTAL:	**$0.00**	
6500 *In-state travel*		
SUBTOTAL:	**$0.00**	
6600 *Out-state travel*	$0.00	
SUBTOTAL:	**$0.00**	
6800 *Aid to Organizations and Individuals* Payments to organizations or individuals that provide direct services to the general public, or a specialized segment of the public		
SUBTOTAL:	**$0.00**	
7000 *Other operating expenses* May include office supplies, printing, mailing conference fees, advertising, subscriptions, awards, dues, etc.		
SUBTOTAL:	**$0.00**	
8500 *Non-capital equipment (less than 5K)*		
SUBTOTAL:	$0.00	
TOTAL:	**$0.00**	

MCH BLOCK GRANT AND FEDERAL GRANT COMPLIANCE RESTRICTIONS

MCH Block Grant funds awarded to the Arizona Department of Health Services shall not be used for:

1. Inpatient services, other than inpatient services provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services approved by the Secretary of the Department of Health and Human Services (DHHS).

2. Cash payments to intended service recipients of Health Services.

3. The purchase or improvements of land; the purchase, construction or permanent improvement (other than minor remodeling) of any building or other facility; or the purchase of major medical equipment – unless the State has obtained a waiver from the Secretary of DHHS.

4. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.

5. Providing funds for research or training to any entity other than a public or non-profit private entity.

6. Payment for any item of service (other than an emergency item or service) furnished by or at the medical direction or prescription of an ineligible or uncertified individual or entity.

Federal Grant Compliance Requirements Guidelines

Department, division and program personnel responsible for administering federal grants, will be knowledgeable of all grant specific requirements. In addition, the division/program will be knowledgeable of the following general federal regulations, which can be reviewed on the Internet starting at:

For Federal Circulars: http://www.whitehouse.gov./OMB/index.html
For Code of Federal Regulations: http://www.access.gpo.gov

A. For each Subrecipient Contracts, ADHS programs must include in the Uniform General Terms and Conditions the provision titled, Financial Management.

   1 For accounting and compliance purposes, an ADHS division/program making distributions of federal financial assistance to their parties must determine whether each third party is a subrecipient or a contractor/vendor.

B. All ADHS contractual agreements making distributions of federal financial assistance to third parties must include, as an integral part of the contractual agreement, the ADHS Federal Financial Assistance Information Form (Exhibit 3), which documents the following information as required under federal regulations.

C. All contractual agreements with third parties identified as subrecipients will include in the Uniform General Terms and Conditions section of the contract, the contract provision titled, Financial Requirements.

D. To assure compliance with the Federal Common Rule and the Cash Management Improvement Act, the ADHS contract payment method to third party recipients of federal financial assistance identified as subrecipients will be cost reimbursement, i.e.

PROCEDURES

Responsible Position: Program Managers

A. If plans for use of the grant funds include contractual agreements with subrecipient contractors, the program plans must address the inclusion of all appropriate grant specific requirements as an integral part of the Scope of Work section of the contractual agreement. In addition, the ADHS program must complete the ADHS Federal Financial Assistance Form (Exhibit 3), which is to be attached to the original Purchase Requisition Form that initiates the establishment of the official contractual agreement. The ADHS Procurement Office will include the federal financial information recorded on the form as an official part of the contractual agreement.

Responsible Position: Program Managers, Program Administrator

B. Subrecipients Versus Contractor/Vendor Determination (See Exhibit 2).

Responsible Position: Program Managers, Business Managers, And Fiscal Grant Operations Manager

C. Contract Payment Methodology of Subrecipient Contracts: Cost Reimbursement

1 ADHS contract payment method of subrecipient contracts are cost reimbursement, i.e., contract payments will be based upon submission by the contractor of the ADHS Contractor's Expenditure Report (CER) for their allowable actual expenditures, which qualify for reimbursement.

CONTRACT MONITORING

A. Under cost reimbursement contracts, ADHS Programs must have specific processes in place for the monitoring of subrecipient performance of all contract activities to assure compliance with federal grant program activity requirements (See Exhibit 1, Page 4, Section M: Subrecipient Monitoring). The contract must establish periodic reporting criteria whereby the contractor is documenting that the required contract activities are being provided in a timely manner. As the subrecipient submits the monthly CER's for payment, the ADHS Program Manager must be able to certify that subrecipient performance is satisfactory and authorize the payment by signature.

SUBRECIPIENT MONITORING

A. Monitoring activities may take various forms, such as reviewing reports submitted by the subrecipient, performing site visits to the subrecipient to review financial and programmatic records and observe operations, arranging for agreed-upon procedures engagements for certain aspects of subrecipient activities, such as eligibility determinations, reviewing the subrecipient's single audit or program – specific audit results and evaluating audit findings and the subrecipient's corrective action plan.

The requirements for subrecipient monitoring are contained in the A-102 Common Rule, §.37, and § .40(a), and federal awarding agency program regulations, and the terms and conditions of the award.

ADHS Compliance: ADHS divisions/programs are responsible for compliance with federal grant program activity requirements, whether performed by ADHS, consultants or subrecipient contractors. ADHS programs must have specific processes in place for the monitoring of subrecipient performance of all contract activities to assure compliance with federal grant program activity requirements. The ADHS program manager must be able to sign the monthly Contractor's Expenditure Reports (CER's) and certify that the subrecipient's performance is satisfactory for payment.

SPECIAL TESTS AND PROVISIONS

A The specific requirements for special Tests and Provisions are unique to each federal program and are found in the laws, regulations, and the provisions of contract or grant agreements pertaining to the program.

B. ADHS Compliance: ADHS divisions/programs will be responsible to identify and Special Tests and Provisions of federal grant awards and establish the processes necessary for compliance.

C. Subrecipient Compliance: ADHS divisions/programs shall identify any federal required Special Tests and Provisions required to be performed by subrecipients as part of the Scope of Work section of the contractual agreement.

SCOPE OF SERVICES

PROGRAM
CONTRACTOR

A. PURPOSE OF CONTRACT:

B. SERVICE RECIPIENTS:

C. FACILITY LOCATION(S):

Services provided under this Contract shall be delivered at the following location(s):

1. CONTRACTOR: DAYS/HOURS OF OPERATION:

2. Subcontractor(s): DAYS/HOURS OF OPERATION:

D. NOTICES, CORRESPONDENCE, REPORTS AND PAYMENTS:

1. Reporting Requirements to the Arizona Department of Health Services (ADHS):

a. Fiscal:

(1) The following services shall be provided and accounted for as appropriately for fiscal management:

Services	Frequency	#/budget period	Unit Rate	Annual Cost
Total				

b. Programmatic:

EXHIBIT 5

SCOPE OF SERVICES

2. Notices, Correspondence, Reports and Invoices from the Contractor to ADHS shall be mailed to:

3. Notices, Correspondence and Reports from ADHS to the Contractor shall be to:

4. Payments from ADHS to the Contractor shall be sent to:

E. LICENSURE/CERTIFICATION REQUIREMETNS:

In addition to General Provisions 2.b., the Contractor shall also obtain and/or maintain the following license(s) and/or certification(s):

1. Personnel:
2. Facility:

F. RESTRICTIONS: N/A

G. STATEMENT OF WORK

A. BACKGROUND
- a. Why work is needed
- b. Agency and program involved
- c. Program goal and relationship to objective
- d. Additional information

B. Objective
- a. Provide clear, brief concise statement of what is needed.
  - i. Example: Feasibility study to determine the technical and econo0mical impact of a 4 day work week.
  - ii. Example: A mail survey of 10,000 redences and analysis

C. Scope of Work
- a. Define rqnge of contractor activities
- b. All effort necessary to:
  - i. Example: test and evaluate collect and analyze data design and sample test.

D. Tasks
- a. Define the major tasks, with a sequence that allows for progress measurement and task costs easily estimated.
- b. Example:
  - i. Task 1 – design of survey questionnaire
  - ii. Task 2 – conduct survey
  - iii. Task 3 – analysis of survey data
  - iv. Task 4 – reporting
  - v. Task 5 – seminar

E. Requirements

a. Define all detailed technical requirements, required in the delivery of the service.
b. Categorize requirements
    i. Reporting
    ii. Documentation
    iii. Survey
    iv. Design
    v. Example: The survey shall include a minimum of 10,000 households . Analysis shall be made to determine the statistical relationship between y and z.

F. REFERENCE DOCUMENTS

a. List of all documents referenced in the Statement of Work

G. STATE PROVIDED ITEMS

a. List all items which will be furnished to the contractor by the procuring agency.

H. APPROVALS

a. List all approvals which the contractor must receive during performance of the contract
b. Examples:
    i. Approval of draft final report must be received prior to preparation of the final report.
    ii. Analysis methodology must be approved prior to conducting any analysis.

I. DELIVERABLES

a. List all items which must be delivered to the procuring agency
b. Examples:
    i. Progress reports
    ii. Final report
    iii. Work Plan
    iv. Seminar
    v. Technical exchange meetings.

J. DELIVERY SCHEDULE

a. Next to deliverable, state the time period required for delivery after contract award.
b. Examples:
    i. 10 days after receipt of approval
    ii. 14 days after completion of survey
    iii. 90 days after contract award

K. ACCEPTANCE

a. Define the conditions which must be satisfied prior to acceptance of the contractor's work.
b. Examples:
    i. Upon delivery of all specified deliverables
    ii. Upon successful completion of field test
    iii. Upon approval letter of final report.work products.

PRICE SHEET

Deliverables:

Services	Frequency	#/budget period	Unit Rate	Annual Cost
Total				

The budget term for FY is _____ through _____

EXHIBIT 6

Title V Maternal and Child Health Block Grant
FY__ Report

Program:	PCA:	Allocation:	Contact:

Title V Measure, Objective and Outcome:

Planned Activities for the coming year related to the Objectives:

Service Type:	☐ Direct Health Care Services	☐ Enabling Services	☐ Population-Based Services	☐ Infrastructure Building Services

Title V Measure, Objective and Outcome:

Planned Activities for the coming year related to the Objectives:

Service Type:	☐ Direct Health Care Services	☐ Enabling Services	☐ Population-Based Services	☐ Infrastructure Building Services

Remaining Funds:

Please attach copies of the Budget Allocation Sheet, Contract Log and USAS screen.

EXHIBIT 7

Title V Planning Cycle

January	February	March	April	May	June	July	August	September	October	November	December
											
Begin federal funding cycle Title V funded projects at state and community level, submit accomplishments for the previous year	Collect and update data		ADHS Title V funded programs update accomplishments and submit proposed plans for next year Block Grant Planning Session Review data Consider changes affecting health status Update priorities Review progress towards strategic objectives and accomplishments of Title V funded efforts	Provide update on health status, accomplishments, proposed priorities Solicit input on needs, priorities, strategies (focus group or survey)	Finalize block grant Update strategic plan Review and approve plans for state administered Title V monies	State level Title V recipients submit updated plan with detailed allocation plan	Submit request for proposals for community grants (starting 2003)			Submit amendments to re-fund existing community grants Make awards for new grants	

RECOMMENDATIONS AND ACHIEVEMENTS

Community Grants

Shift more funding to services rather than administration, promotes planning at the local level, focuses funding on established priorities, provides a system for funding that is data based (Calendar Year 2002 put $1,000,000 into Community Grants. Calendar Year 2003 will put $3,000,000 into Community Grants including Reproductive Health Contracts.)

Partnership Initiative

Provides feedback from stakeholders, increases support for priorities, supports coordination of efforts at the state level, improves communication with the public by making the role of the Office clear, educates stakeholders on critical women's and children's health status indicators, supports communication by providing an identified person to contact.

Yearly Funding Plan

Outlines the funding cycle for the Office.

Guidelines for ADHS Programs Receiving Title V Maternal and Child Health Block Grant Funding and Grant Restrictions

Increases accountability.

Financial Management Plan

Reduces carryover, provides for closer management of Maternal and Child Health(MCH) funds, reduces administrative costs, streamlines budget oversight (Closer Management of MCH funds: Each project that has been funded has completed the Title V Funding Plan and allocation plan that detailed how and when the funding is going to be used. These plans are reviewed for alignment with Title V goals and to eliminate duplicate funding. Streamlining Budget Oversight: the number of Program Cost Accounts has been reduced from 30+ to 13; two positions have been eliminated, and we are not currently planning to fill eight positions.)

Clerical pool

Better utilization of a shrinking resource, documents need.

Reorganization

Organizes around functions rather than programs.

Strategic Plan

Focuses efforts on a limited number of priorities.

Data Enhancement

Efforts initiated to determine the minimum necessary information needed for program monitoring and evaluation and to reduce the volume of data that must be collected and reported by contractors; electronic data submission from contractors is being investigated.

EXHIBIT 1

Office Analysis
March 2001

Methodology: An independent consulting firm was hired to conduct an analysis of the Office of Women's and Children's Health (OWCH) management and operations and to make recommendations for improvements. Particular concerns included the need for a system of resource allocation and evaluation of effectiveness. The consulting firm reviewed key documents, conducted a review and analysis of the budget and completed stakeholder interviews.

Observations from Stakeholder Interviews

- The process for allocating and distributing MCH Block Grant funds is either unknown or is viewed as arbitrary and without much strategic thinking behind it.
- The flexibility of the MCH Block grant is strength because it allows funds to be spent in ways that are not possible with other categorical funding. The flexibility is also a weakness since it enables the funds to be diverted to unfunded mandates or to meet shortfalls within the Department.
- OWCH is too compartmentalized and is organized around individual programs rather than functions.
- It is important to keep planning at the local level although the disparity in counties/cities abilities to plan programs was noted.
- Relationships with OWCH overall are viewed as positive. Outstanding issues include lack of sensitivity to contractors especially regarding site visits and data collection requirements that are excessive, cumbersome and there is no feedback on how data is being used.

Recommendations for Allocating Maternal and Child Health (MCH) Block Grant Funds

- Look at current allocation and identify allocations you don't want to change, allocation that you can change, and carry-over monies.
- For allocations that won't change, look for ways to increase accountability and effectiveness.
- Create a funding pool made up of allocations that can be changed and carry-over money.
- Appoint an Advisory Committee made up of both external and internal stakeholders who will assist OWCH in determining priority areas and evaluating RFP proposals.
- Select a limited number (2 to 3) of priority areas for funding.
- Determine the core public health focus within each of the priority areas.
- For the funding pool, issue a single MCH Block Grant RFP. The RFP should list the priority areas.
- Create standardized contracts and reports for the recipients of these funds.

Recommendations to improve efficiency and effectiveness

- Establish a business system that allows easy tracking by month of pass through funds and contracts.
- Initiate a process to examine what role OWCH should play in realizing the overall mission of Community and Family Health Services. Determine which of the current activities or programs belong in OWCH and which belong somewhere else. Determine if there are programs housed somewhere else that belongs in OWCH.
- Consolidate and standardize contracts and reporting for all OWCH MCH Block Grant and State funded contracts as outlined above in the recommended allocation process.
- Examine and revise data collection to ensure the data you are collecting minimizes redundancy, meets the requirements of your funders, supports your current priorities, and can be utilized to create summarized management reports to track accountability.

Summary of Results of Maternal & Child Health Survey, June 2002

A survey was administered to a select group of community partners and organizations that serve the maternal and child population in Arizona; therefore, due to the lack of random sampling, this survey is not meant to be a fully representative view of such organizations. Attributable to this potential bias in selection, some important issues of women's and children's health may not have been addressed and the results may not be applicable to the entire population. However, these findings do provide a strong base of knowledge from which future research and initiatives can be developed. This is not a population-based survey and is not meant to be a report on the health status of the entire maternal and child population, but rather as a tool to provide direction for the Office.

Purpose of the survey:

- To guide development of the Maternal & Child Health Block Grant application
- To inform decisions about future funding and changes to the Office of Women's & Children's Health Strategic Plan

Eighty (80) surveys were completed and returned to the Office of Women's and Children's Health as of June 7, 2002. Initial analysis reveals the following results.

Highest Priorities

The highest priorities among maternal & child health issues are:

- Reproductive Health/Family Planning
- Violence towards women & children
- Teen births
- Women's Health
- Children's health insurance/coverage

Other priorities identified included substance abuse (alcohol, tobacco, drugs) and mental health services for children.

Degree to which issue has already been addressed

Among these key issues, analysis showed that general women's health improvements and children's access to and usage of health care insurance/coverage have received the most attention recently in communities surveyed.

In contrast, childhood obesity, childhood dental care, adolescent hospitalizations for nonfatal injuries and poisonings and the teen birth rate were reported to have received the lowest level of attention among the communities surveyed.

Degree to which additional funds could successfully impact issues

The issues that received the *highest* scores for being impacted by funding were:

- Children receiving dental care
- Children with health insurance/coverage
- Reproductive health/family planning
- Women's health.

Top needs not being met related to children

- Health/Dental Care/Vision Care
- Adequate parenting/Counseling
- Child abuse/family violence
- Day care

Top needs not being met related to infants and women

- Family planning
- Health Care
- Prenatal care
- Day care

Successful activities that address the needs

- Newborn Intensive Care Program
- Family Planning
- Healthy Families

Emerging health issues

- Obesity
- Drug & alcohol abuse
- Domestic violence

Issues emerging as a result of Sept. 11

- Less attention to issues in survey; less money for social programs
- Stress; displaced grieving/anger; more anxiety